Office of Statewide Health Planning and Development

Internet and Personal Computer Diskette Documentation

Annual Utilization Data for Home Health Agencies

For Calendar Year

1997

Rev 12/6/00

TABLE OF CONTENTS

HOME HEALTH UTILIZATION 1997
General Information

The Office of Statewide Health Planning and Development (OSHPD) produces a data file which contains data from the Annual Utilization Report of Home Health Agencies and Hospices submitted by California-licensed home health agencies and hospices. The data file includes utilization data for a particular calendar year.

OSHPD staff reviews each report, and corrections are made to the data in consultation with health facility staff. Once the reports are completed, the database is closed, and the data is made available to the public.

Data Availability

The initial data file on the OSHPD Internet site covers the 1997 calendar year: January 1, 1997 through December 31, 1997. Data files will be released annually as the data becomes available. The home health agency and hospice data are also available on diskette, magnetic tape, or cartridge. Contact OSHPD=s Healthcare Information Resource Center at (916) 322-2814 if you would like to obtain the data on any of these media.

Documentation

The OSHPD Internet version of the documentation contains two major sections: (1) the data file specifications (including a description of each data item) and (2) data definitions. Appendix A contains a copy of the Annual Utilization Report of Home Health Agencies and Hospices. The 1997 version of the data file contains 529 data items (not all may be present for every facility) submitted by 1,484 facilities.

Standard Data File Format

To reduce download time, the files have been compressed, and are in WINZIP software. Once unzipped, the files are in a comma separated text (TXT) format for use in spreadsheet and database applications. SAS and other statistic programs can also read the files. The first row will contain column titles that can be used as database names or spreadsheet titles.

Due to the number of data items, the data are separated into three files: hha9701.txt–contains basic home health agency and hospice identification information and data from report pages 0 through 3; hha9702.txt–contains the data items from report pages 4 through 9, and hha9703.txt–contains data from report pages 10 through 13.

If you are having or believe you will have trouble processing the TXT file format, please contact a technical representative in the Healthcare Information Resource Center at (916) 322-2814, and indicate your concerns. We attempted to produce a data product that will meet the needs of most data users, but do not want to exclude anyone from gaining access to the data. If your questions are of a technical nature, having to do with the operation of your software application, please address them to the software manufacturer's technical support line.

Data File Description

Each line (row) represents one home health agency or one hospice. There are up to 529 data items (column) for each of the 1,484 facilities.

Data File Specifications

This section of the documentation includes the following information for each data item:

Item No.	Each data field is assigned an item number, which is referenced consistently throughout this documentation.
Column	If the file is imported into a spreadsheet, indicates the column in which the data item is located.
Field Title	The name of each data item that can be used as database field names or spreadsheet column titles. The field titles have been limited to 10 characters. Most of the titles are numeric which represent the report page, line, and column of the data item. For example, P010602 is the data item found on report page 1, column 6, line 2.
Data Item	The name or description of the data item.
Data Type	Indicates if the field is TEXT or NUMERIC, as defined below:

Code	Representation	Meaning
Text	Alphanumeric	Alphabetic and/or numeric data, left justified, and space filled
Numeric	Numeric (comma-delimited)	Only numeric values, no punctuation, right justified, and left space filled (leading hyphen for negative sign).

Field Size	Indicates the maximum field size.

Data Field Definitions

This section contains the definitions of the data items, listed by Item Number

DATA FILE SPECIFICATIONS

This section contains the data file specifications for the data fields. For each data item, 1) the number of the data field (Item No.); 2) a spreadsheet column reference (Column); 3) the title of the field (Field Title); 4) the data item's name (Data Item); 5) the type of data (Data Type); and 6) the size of the field (Field Size) will be specified.

DATA FILE SPECIFICATIONS
FILE 1 (hha9701.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
Home Health Agency and Hospice Utilization Report Information					
1	A	FACNO	OSHPD Facility ID	Numeric	9
2	B	COUNTY	County Number	Numeric	2
3	C	PERMID	OSHPD Permanent ID	Numeric	4
4	D	LICTYPE	LFS License Type	Numeric	1
5	E	LICDATE	LFS First Licensed Date	Text	8
6	F	LSTAT	Facility Status Code	Numeric	1
7	G	LSTATDT	Facility Closed Date	Text	8
8	H	OSTAT	Open Status Code (Out of Suspense)	Numeric	1
9	I	OSTATDT	Open Status Date	Text	8
10	J	ConNumA	Type of Consolidation	Text	1
11	K	ConNumB	Parent Consolidation	Text	1
12	L	ConNumC	Sequence of Consolidation	Text	3
13	M	ConDate	Parent/Branch Consol Date	Text	8
General Facility Information					
14	N	DBAName	Facility Name (on12/31)	Text	50
15	O	DBAAddr	Facility Address	Text	30
16	P	DBACity	Facility City (DBA)	Text	20
17	Q	DBAZIP	Zip Code (DBA)	Text	10
18	R	MLAttn	Facility Attention (Mailing Address)	Text	30
19	S	MLAddr	Facility Address (Mailing Address)	Text	30
20	T	MLCity	Facility City (Mailing Address)	Text	20
21	U	MLState	State (Mailing Address)	Text	2
22	V	MLZIP	Zip Code (Mailing Address)	Text	10
23	W	HSA	HSA (Health Service Area)Codes: 01-14	Numeric	2
24	X	HFPA	HFPA (Health Facility Planning Area) Codes: 0101-1424	Numeric	4
25	Y	COMPSTAT	Computed Status Code	Numeric	3
26	Z	P000104	Report Status	Numeric	2
27	AA	P010101	Agency Type	Numeric	1
28	AB	P010201	Subagency	Numeric	1
29	AC	P010501	Dates of Operation: From (MMDD) Year =97	Numeric	4
30	AD	P010502	Dates of Operation: Through (MMDD) Year =97	Numeric	4
31	AE	P010601	Certified for: Medicare (1=Yes, 0=No)	Numeric	1
32	AF	P010602	Certified for: Medi-Cal (1=Yes, 0=No)	Numeric	1
33	AG	P010701	Agency has a Hospice Program (1=Yes, 0=No)	Numeric	1
34	AH	P010801	Hospice Program certified for: Medicare (1=Yes)	Numeric	1
35	AI	P010802	Hospice Program certified for: Medi-Cal (1=Yes)	Numeric	1
36	AJ	P010901	Hospice: Freestanding (1=Yes)	Numeric	1
37	AK	P011001	Hospice Certified Medicare (1=Yes)	Numeric	1
38	AL	P011002	Hospice Certified Medi-Cal (1=Yes)	Numeric	1
39	AM	P011101	Agency Accreditation: JCAHO (1=Yes)	Numeric	1
40	AN	P011102	Agency Accreditation: CHAP (1=Yes)	Numeric	1
41	AO	PHONE	Telephone Number (with Area Code)	Numeric	10

DATA FILE SPECIFICATIONS
FILE 1 (hha9701.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
Home Infusion/Pharmacy Only					
42	AP	P020101	Registered Nurse on staff (1=Yes)	Numeric	1
43	AQ	P020201	Agency is a Licensed Pharmacy (1=Yes)	Numeric	1
Special Services (1=Service Provided, 0=Not Provided)					
44	AR	P021201	Enterostomal Therapy	Numeric	1
45	AS	P021202	Mental Health Counseling	Numeric	1
46	AT	P021301	Respiratory/Pulmonary Therapy	Numeric	1
47	AU	P021302	Pediatric	Numeric	1
48	AV	P021401	IV Therapy (includes Chemo & TPN)	Numeric	1
49	AW	P021402	Psychiatric Nursing	Numeric	1
50	AX	P021501	AIDS Services	Numeric	1
51	AY	P021502	Blood Transfusions	Numeric	1
52	AZ	P021601	Other	Numeric	1
Patient Information					
53	BA	P021701	Unduplicated patients (during reporting year)	Numeric	7
Home Health Care-Other Home Health Visits					
54	BB	P021801	Pre-Admission Screening/Evaluations	Numeric	6
55	BC	P021901	Outpatient Visits	Numeric	6
56	BD	P022001	Other	Numeric	6
57	BE	P022101	Total	Numeric	6
Other Home Care Services					
58	BF	P022201	Performed Home Care Services (1=Yes, 0=No)	Numeric	1
59	BG	P022301	Total Hours of Other Home Care	Numeric	7
60	BH	P022501	Non-Intermittent Nursing (RN/LVN) 1=Provided	Numeric	1
61	BI	P022601	Certified Nurse Assistant (CNA) 1=Provided	Numeric	1
62	BJ	P022701	Homemaker Services 1=Provided	Numeric	1
63	BK	P022801	Home Health Aide 1=Provided	Numeric	1
64	BL	P022901	Other	Numeric	1
HHA Patients & Visits (Patients and Visits by Age)					
65	BM	P030101	Patients: Total	Numeric	6
66	BN	P030102	Visits: Total	Numeric	7
67	BO	P030201	Patients: 0-10 Years	Numeric	6
68	BP	P030202	Visits:0-10 Years	Numeric	7
69	BQ	P030301	Patients: 11-20 Years	Numeric	6
70	BR	P030302	Visits: 11-20 Years	Numeric	7
71	BS	P030401	Patients: 21-30 Years	Numeric	6
72	BT	P030402	Visits: 21-30 Years	Numeric	7
73	BU	P030501	Patients: 31-40	Numeric	6
74	BV	P030502	Visits: 31-40 Years	Numeric	7

DATA FILE SPECIFICATIONS
FILE 1 (hha9701.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
HHA Patients & Visits (Patients and Visits by Age) cont					
75	BW	P030601	Patients: 41-50 Years	Numeric	6
76	BX	P030602	Visits: 41-50 Years	Numeric	7
77	BY	P030701	Patients: 51-60 Years	Numeric	6
78	BZ	P030702	Visits: 51-60 Years	Numeric	7
79	CA	P030801	Patients: 61-70 Years	Numeric	6
80	CB	P030802	Visits: 61-70 Years	Numeric	7
81	CC	P030901	Patients: 71-80 Years	Numeric	6
82	CD	P030902	Visits: 71-80 Years	Numeric	7
83	CE	P031001	Patients: 81-90 Years	Numeric	6
84	CF	P031002	Visits: 81-90 Years	Numeric	7
85	CG	P031101	Patients: 90 Years and Older	Numeric	6
86	CH	P031102	Visits: 90 Years and Older	Numeric	7
Discharges by Reason for Discharge					
87	CI	P032101	Total	Numeric	6
88	CJ	P032201	No Further Home Health Care Needed	Numeric	6
89	CK	P032301	Admitted to Hospital	Numeric	6
90	CL	P032401	Admitted to SN/IC Facility	Numeric	6
91	CM	P032501	Family/Friends Assumed Responsibility	Numeric	6
92	CN	P032601	Patient Moved out of Area	Numeric	6
93	CO	P032701	Patient Refused Service	Numeric	6
94	CP	P032801	Transferred to Another HHA	Numeric	6
95	CQ	P032901	Transferred to Outpatient Rehabilitation	Numeric	6
96	CR	P033001	Physician Request	Numeric	6
97	CS	P033101	Death	Numeric	6
98	CT	P033201	Lack of Funds	Numeric	6
99	CU	P033301	Lack of Progress	Numeric	6
100	CV	P033401	Transferred to Hospice	Numeric	6
101	CW	P033501	Transferred to Home Care (Personal Care)	Numeric	6
102	CX	P033601	Other	Numeric	6
Visits by Primary Reimbursement Source					
103	CY	P033901	Visits: Total	Numeric	7
104	CZ	P034001	Visits: Medicare	Numeric	7
105	DA	P034101	Visits: Medi-Cal	Numeric	7
106	DB	P034201	Visits: CHAMPUS	Numeric	7
107	DC	P034301	Visits: Other Third Party (Ins, etc)	Numeric	7
108	DD	P034401	Visits: Private (Self Pay)	Numeric	7
109	DE	P034501	Visits: HMO/PPO	Numeric	7
110	DF	P034601	Visits: No Reimbursement	Numeric	7
111	DG	P034701	Visits: Other (Incl MSSP)	Numeric	7

PART A – HOME HEALTH UTILIZATION 1997

DATA FILE SPECIFICATIONS
FILE 1 (hha9701.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
Visits by Type of Staff					
112	DH	P035101	Visits: Total	Numeric	7
113	DI	P035201	Visits: Registered Nurse	Numeric	7
114	DJ	P035301	Visits: Public Health Nurse	Numeric	7
115	DK	P035401	Visits: Home Health Aide	Numeric	7
116	DL	P035501	Visits: Physical Therapist	Numeric	7
117	DM	P035601	Visits: Licensed Vocational Nurse	Numeric	7
118	DN	P035701	Visits: Social Worker	Numeric	7
119	DO	P035801	Visits: Occupational Therapist	Numeric	7
120	DP	P035901	Visits: Speech Pathologist/Audiologist	Numeric	7
121	DQ	P036001	Visits: Nutritionist (diet counseling)	Numeric	7
122	DR	P036101	Visits: Physician	Numeric	7
123	DS	P036201	Visits: Spiritual and Pastoral Care	Numeric	7
124	DT	P036301	Visits: Other	Numeric	7
Admissions by Source of Referral					
125	DU	P037101	Admissions: Total	Numeric	6
126	DV	P037201	Admissions: Hospital	Numeric	6
127	DW	P037301	Admissions: Physician	Numeric	6
128	DX	P037401	Admissions: Family/Friend	Numeric	6
129	DY	P037501	Admissions: Self	Numeric	6
130	DZ	P037601	Admissions: Long Term Care Facility	Numeric	6
131	EA	P037701	Admissions: Local Health Department	Numeric	6
132	EB	P037801	Admissions: Clinic	Numeric	6
133	EC	P037901	Admissions: Social Service Agency	Numeric	6
134	ED	P038001	Admissions: Another Home Health Agency	Numeric	6
135	EE	P038101	Admissions: Payer (insurer, HMO, etc)	Numeric	6
136	EF	P038201	Admissions: Hospice	Numeric	6
137	EG	P038301	Admissions: MSSP	Numeric	6
138	EH	P038401	Admissions: Other	Numeric	6

DATA FILE SPECIFICATIONS
FILE 2 (hha9702.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
139	A	FACNO	OSHPD Facility ID	Numeric	9
Patients and Visits by Principal Diagnosis for Which Care Was Given					
140	B	P040101	Patients: Total	Numeric	6
141	C	P040102	Visits: Total	Numeric	7
142	D	P040201	Patients: Infectious & Parasitic Diseases (Excludes AIDS)	Numeric	6
143	E	P040202	Visits: Infectious and Parasitic Diseases (Excludes AIDS)	Numeric	7
144	F	P040301	Patients: HIV Infections (Includes AIDS, ARC, HIV)	Numeric	6
145	G	P040302	Visits: HIV Infections (Includes AIDS, ARC, HIV)	Numeric	7
146	H	P040401	Patients: Malignant Neoplasms: Lung	Numeric	6
147	I	P040402	Visits: Malignant Neoplasms: Lung	Numeric	7
148	J	P040501	Patients: Malignant Neoplasms: Breast	Numeric	6
149	K	P040502	Visits: Malignant Neoplasms: Breast	Numeric	7
150	L	P040601	Patients: Malignant Neoplasms: Intestines	Numeric	6
151	M	P040602	Visits: Malignant Neoplasms: Intestines	Numeric	7
152	N	P040701	Patients: Malignant Neoplasms: All Other Sites	Numeric	6
153	O	P040702	Visits: Malignant Neoplasms: All Other Sites	Numeric	7
154	P	P040801	Patients: Non-Malignant Neoplasms: All Sites	Numeric	6
155	Q	P040802	Visits: Non-Malignant Neoplasms: All Sites	Numeric	7
156	R	P040901	Patients: Diabetes Mellitus	Numeric	6
157	S	P040902	Visits: Diabetes Mellitus	Numeric	7
158	T	P041001	Patients: Endocrine, Metabolic and Nutritional Diseases; Immunity Disorders	Numeric	6
159	U	P041002	Visits: Endocrine, Metabolic and Nutritional Diseases, Immunity Disorders	Numeric	7
160	V	P041101	Patients: Diseases of Blood and Blood Forming Organs	Numeric	6
161	W	P041102	Visits: Diseases of Blood and Blood Forming Organs	Numeric	7
162	X	P041201	Patients: Mental Disorders	Numeric	6
163	Y	P041202	Visits: Mental Disorders	Numeric	7
164	Z	P041301	Patients: Alzheimer's Disease	Numeric	6
165	AA	P041302	Visits: Alzheimer's Disease	Numeric	7
166	AB	P041401	Patients: Diseases of Nervous System and Sense Organs	Numeric	6
167	AC	P041402	Visits: Diseases of Nervous System and Sense Organs	Numeric	7
168	AD	P041501	Patients: Diseases of Cardiovascular System	Numeric	6
169	AE	P041502	Visits: Diseases of Cardiovascular System	Numeric	7
170	AF	P041601	Patients: Diseases of Cerebrovascular System	Numeric	6
171	AG	P041602	Visits: Disease of Cerebrovascular System	Numeric	7
172	AH	P041701	Patients: Diseases of All Other Circulatory Systems	Numeric	6
173	AI	P041702	Visits: Diseases of All Other Circulatory Systems	Numeric	7
174	AJ	P041801	Patients: Diseases of Respiratory System	Numeric	6
175	AK	P041802	Visits: Diseases of Respiratory System	Numeric	7
176	AL	P041901	Patients: Diseases of Digestive System	Numeric	6
177	AM	P041902	Visits: Diseases of Digestive System	Numeric	7
178	AN	P042001	Patients: Diseases of Genitourinary System	Numeric	6
179	AO	P042002	Visits: Diseases of Genitourinary System	Numeric	7
180	AP	P042101	Patients: Diseases of Breast	Numeric	6
181	AQ	P042102	Visits: Diseases of Breast	Numeric	7

DATA FILE SPECIFICATIONS
FILE 2 (hha9702.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
			Patients and Visits by Principal Diagnosis for Which Care Was Given, cont.		
182	AR	P042201	Patients: Complications of Pregnancy, Childbirth, and the Puerperium	Numeric	6
183	AS	P042202	Visits: Complications of Pregnancy, Childbirth, and the Puerperium	Numeric	7
184	AT	P042301	Patients: Diseases of Skin and Subcutaneous Tissue	Numeric	6
185	AU	P042302	Visits: Diseases of Skin and Subcutaneous Tissue	Numeric	7
186	AV	P042401	Patients: Diseases of Musculosketal System and Connective Tissue	Numeric	6
187	AW	P042402	Visits: Diseases of Musculosketal System and Connective Tissue	Numeric	7
188	AX	P042501	Patients: Congenital Anomalies and Perinatal Conditions	Numeric	6
189	AY	P042502	Visits: Congenital Anomalies and Perinatal Conditions	Numeric	7
190	AZ	P042601	Patients: Symptoms, Signs, and Ill-defined Conditions (Excludes HIV positive test)	Numeric	6
191	BA	P042602	Visits: Symptoms, Signs, and Ill-defined Conditions (Excludes HIV positive test)	Numeric	7
192	BB	P042701	Patients: Fractures (Exclude Birth fx, Pathological fx, Malunion fx, Nonunion fx)	Numeric	6
193	BC	P042702	Visits: Fractures (Exclude Birth fx, Pathological fx, Malunion fx, Nonunion fx)	Numeric	7
194	BD	P042801	Patients: All Other Injuries	Numeric	6
195	BE	P042802	Visits: All Other Injuries	Numeric	7
196	BF	P042901	Patients: Poisonings and Adverse Effects of External Causes	Numeric	6
197	BG	P042902	Visits: Poisonings and Adverse Effects of External Causes	Numeric	7
198	BH	P043001	Patients: Complications of Surgical and Medical Care	Numeric	6
199	BI	P043002	Visits: Complications of Surgical and Medical Care	Numeric	7
200	BJ	P043101	Patients: Health Services Related to Reproduction and Development	Numeric	6
201	BK	P043102	Visits: Health Services Related to Reproduction and Development	Numeric	7
202	BL	P043201	Patients: Infants Born Outside Hospital	Numeric	6
203	BM	P043202	Visits: Infants Born Outside Hospital	Numeric	7
204	BN	P043301	Patients: Health Hazards to Communicable Diseases	Numeric	6
205	BO	P043302	Visits: Health Hazards to Communicable Diseases	Numeric	7
206	BP	P043401	Patients: Other Health Services for Specific Procedures and Aftercare	Numeric	6
207	BQ	P043402	Visits: Other Health Services for Specific Procedures and Aftercare	Numeric	7
208	BR	P043501	Patients: Visits for Evaluation & Assessment	Numeric	6
209	BS	P043502	Visits: Visits for Evaluation & Assessment	Numeric	7
210	BT	P043601	Patients: HIV (AIDS/ARC or HTLV/III-LAV)	Numeric	6
211	BU	P043602	Visits: HIV (AIDS/ARC or HTLV/III-LAV)	Numeric	7

DATA FILE SPECIFICATIONS
FILE 2 (hha9702.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
Patients and Visits by Principal Diagnosis for Which Care Was Given cont					
212	BV	P043701	Patients: Alzheimer's Disease	Numeric	6
213	BW	P043702	Visits: Alzheimer's Disease	Numeric	7
Facility Ownership					
214	BX	P070101	Hospice Operates As An Inpatient Facility(Ies)	Numeric	1
215	BY	P070201	How many inpatient facilities does the hospice operate	Numeric	3
216	BZ	P070301	Licensed as a hospital (1=Yes)	Numeric	1
217	CA	P070302	Number of Beds	Numeric	3
218	CB	P070401	Licensed as a SNF (1=Yes)	Numeric	1
219	CC	P070402	Number of beds in SNF	Numeric	3
220	CD	P070501	Licensed as a CLHF (1=Yes)	Numeric	1
221	CE	P070502	Number of beds in CLHF	Numeric	3
222	CF	P070601	Licensed as a RCFE (1=Yes)	Numeric	1
223	CG	P070602	Number of beds in RCFE	Numeric	2
Hospice Services					
224	CH	P070701	Enterostomal Therapy – Directly	Numeric	1
225	CI	P070702	Enterostomal Therapy – Contracted	Numeric	1
226	CJ	P070801	Respiratory/Pulmonary Therapy – Directly	Numeric	1
227	CK	P070802	Respiratory/Pulmonary Therapy – Contracted	Numeric	1
228	CL	P070901	Nutritional Counseling – Directly	Numeric	1
229	CM	P070902	Nutritional Counseling – Contracted	Numeric	1
230	CN	P071001	IV Therapy – Directly	Numeric	1
231	CO	P071002	IV Therapy – Contracted	Numeric	1
232	CP	P071101	Palliative Chemo Therapy – Directly	Numeric	1
233	CQ	P071102	Palliative Chemo Therapy – Contracted	Numeric	1
234	CR	P071201	Palliative Radiation Therapy – Directly	Numeric	1
235	CS	P071202	Palliative Radiation Therapy – Contracted	Numeric	1
236	CT	P071301	24 Hour On Call & Visit Coverage – Directly	Numeric	1
237	CU	P071302	24 Hour On Call & Visit Coverage – Contracted	Numeric	1
238	CV	P071401	Pediatric Care – Directly	Numeric	1
239	CW	P071402	Pediatric Care – Contracted	Numeric	1
240	CX	P071501	HIV Care – Directly	Numeric	1
241	CY	P071502	HIV Care – Contracted	Numeric	1
242	CZ	P071601	In Home Respite – Directly	Numeric	1
243	DA	P071602	In Home Respite – Contracted	Numeric	1
244	DB	P071701	Home Medical Equipment/Supplies – Directly	Numeric	1
245	DC	P071702	Home Medical Equipment/Supplies – Contracted	Numeric	1
246	DD	P071801	Laboratory Services – Directly	Numeric	1
247	DE	P071802	Laboratory Services – Contracted	Numeric	1
248	DF	P071901	Transportation/Ambulance – Directly	Numeric	1
249	DG	P071902	Transportation/Ambulance – Contracted	Numeric	1
250	DH	P072001	Pharmacy – Directly	Numeric	1
251	DI	P072002	Pharmacy – Contracted	Numeric	1
252	DJ	P072101	Inpatient Services – Directly	Numeric	1

DATA FILE SPECIFICATIONS
FILE 2 (hha9702.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
Hospice Services, cont					
253	DK	P072102	Inpatient Services – Contracted	Numeric	1
254	DL	P072201	Nursing – Directly	Numeric	1
255	DM	P072202	Nursing – Contracted	Numeric	1
256	DN	P072301	Social Work/Counseling – Directly	Numeric	1
257	DO	P072302	Social Work/Counseling – Contracted	Numeric	1
258	DP	P072401	Spiritual/Pastoral – Directly	Numeric	1
259	DQ	P072402	Spiritual/Pastoral – Directly	Numeric	1
260	DR	P072501	Home Health Aide/Homemaker – Directly	Numeric	1
261	DS	P072502	Home Health Aide/Homemaker – Contracted	Numeric	1
262	DT	P072601	Volunteer Services – Directly	Numeric	1
263	DU	P072602	Volunteer Services – Contracted	Numeric	1
264	DV	P072701	Hospice Physician/Medic al Director – Directly	Numeric	1
265	DW	P072702	Hospice Physician/Medical Director – Contracted	Numeric	1
266	DX	P072801	Bereavement Services – Directly	Numeric	1
267	DY	P072802	Bereavement Services – Contracted	Numeric	1
268	DZ	P072901	Other – Directly	Numeric	1
269	EA	P072902	Other – Contracted	Numeric	1
Bereavement Services Provided					
270	EB	P080101	Bereavement Assessments – Provided	Numeric	1
271	EC	P080102	Bereavement Assessments – Contracted	Numeric	1
272	ED	P080201	Home Counseling By Professionals – Provided	Numeric	1
273	EE	P080202	Home Counseling By Professionals – Contracted	Numeric	1
274	EF	P080301	Home Counseling By Volunteers – Provided	Numeric	1
275	EG	P080302	Home Counseling By Volunteers – Contracted	Numeric	1
276	EH	P080401	Referrals for Psychological Services When Appropriate – Provided	Numeric	1
277	EI	P080402	Referrals for Psychological Services When Appropriate – Contracted	Numeric	1
278	EJ	P080501	Follow-ups (telephone/mail) – Provided	Numeric	1
279	EK	P080502	Follow-ups (telephone/mail) – Contracted	Numeric	1
280	EL	P080601	General Bereavement Groups – Provided	Numeric	1
281	EM	P080602	General Bereavement Groups – Contracted	Numeric	1
282	EN	P080701	Memorial Services – Provided	Numeric	1
283	EO	P080702	Memorial Services – Contracted	Numeric	1
284	EP	P080801	Specialized Bereavement Groups – Provided	Numeric	1
285	EQ	P080802	Specialized Bereavement Groups – Contracted	Numeric	1
286	ER	P080901	Social Activities – Provided	Numeric	1
287	ES	P080902	Social Activities – Contracted	Numeric	1
Volunteer Hours by Type of Service					
288	ET	P081501	Non-Professional Patient/Family Support	Numeric	6
289	EU	P081601	Professional Clinical Patient/Family Support	Numeric	6
290	EV	P081701	Bereavement Support	Numeric	6
291	EW	P081801	Patient Care Program Administrative Support	Numeric	6

DATA FILE SPECIFICATIONS
FILE 2 (hha9702.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
Volunteer Hours by Type of Service, cont.					
292	EX	P081901	Non-patient Care Administrative Support	Numeric	6
293	EY	P082001	Other	Numeric	6
294	EZ	P082101	TOTAL HOURS	Numeric	7
PATIENT INFORMATION					
Unduplicated Patients by Gender and Age					
295	FA	P090101	00-10 MALE	Numeric	6
296	FB	P090102	00-10 FEMALE	Numeric	6
297	FC	P090103	00-10 OTHER/UNKNOWN	Numeric	6
298	FD	P090104	00-10 TOTAL	Numeric	7
299	FE	P090201	11-20 MALE	Numeric	6
300	FF	P090202	11-20 FEMALE	Numeric	6
301	FG	P090203	11-20 OTHER/UNKNOWN	Numeric	6
302	FH	P090204	11-20 TOTAL	Numeric	7
303	FI	P090301	21-30 MALE	Numeric	6
304	FJ	P090302	21-30 FEMALE	Numeric	6
305	FK	P090303	21-30 OTHER/UNKNOWN	Numeric	6
306	FL	P090304	21-30 TOTAL	Numeric	7
307	FM	P090401	31-40 MALE	Numeric	6
308	FN	P090402	31-40 FEMALE	Numeric	6
309	FO	P090403	31-40 OTHER/UNKNOWN	Numeric	6
310	FP	P090404	31-40 TOTAL	Numeric	7
311	FQ	P090501	41-50 MALE	Numeric	6
312	FR	P090502	41-50 FEMALE	Numeric	6
313	FS	P090503	41-50 OTHER/UNKNOWN	Numeric	6
314	FT	P090504	41-50 TOTAL	Numeric	7
315	FU	P090601	51-60 MALE	Numeric	6
316	FV	P090602	51-60 FEMALE	Numeric	6
317	FW	P090603	51-60 OTHER/UNKNOWN	Numeric	6
318	FX	P090604	51-60 TOTAL	Numeric	7
319	FY	P090701	61-70 MALE	Numeric	6
320	FZ	P090702	61-70 FEMALE	Numeric	6
321	GA	P090703	61-70 OTHER/UNKNOWN	Numeric	6
322	GB	P090704	61-70 TOTAL	Numeric	7
323	GC	P090801	71-80 MALE	Numeric	6
324	GD	P090802	71-80 FEMALE	Numeric	6
325	GE	P090803	71-80 OTHER/UNKNOWN	Numeric	6
326	GF	P090804	71-80 TOTAL	Numeric	7
327	GG	P090901	81-90 MALE	Numeric	6
328	GH	P090902	81-90 FEMALE	Numeric	6
329	GI	P090903	81-90 OTHER/UNKNOWN	Numeric	6
330	GJ	P090904	81-90 TOTAL	Numeric	7
331	GK	P091001	91+ MALE	Numeric	6
332	GL	P091002	91+ FEMALE	Numeric	6
333	GM	P091003	91+ OTHER/UNKNOWN	Numeric	6

DATA FILE SPECIFICATIONS
FILE 2 (hha9702.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
Unduplicated Patients by Race, cont.					
334	GN	P091004	91+ TOTAL	Numeric	7
335	GO	P091101	TOTAL MALE	Numeric	6
336	GP	P091102	TOTAL FEMALE	Numeric	6
337	GQ	P091103	TOTAL OTHER/UNKNOWN	Numeric	6
338	GR	P091104	TOTAL TOTAL	Numeric	7
339	GS	P092001	WHITE MALE	Numeric	6
340	GT	P092002	WHITE FEMALE	Numeric	6
341	GU	P092003	WHITE OTHER/UNKNOWN	Numeric	6
342	GV	P092004	WHITE TOTAL	Numeric	7
343	GW	P092101	BLACK MALE	Numeric	6
344	GX	P092102	BLACK FEMALE	Numeric	6
345	GY	P092103	BLACK OTHER/UNKNOWN	Numeric	6
346	GZ	P092104	BLACK TOTAL	Numeric	7
347	HA	P092201	NATIVE AMERICAN MALE	Numeric	6
348	HB	P092202	NATIVE AMERICAN FEMALE	Numeric	6
349	HC	P092203	NATIVE AMERICAN OTHER/UNKNOWN	Numeric	6
350	HD	P092204	NATIVE AMERICAN TOTAL	Numeric	7
351	HE	P092301	ASIAN/PACIFIC ISLANDER MALE	Numeric	6
352	HF	P092302	ASIAN/PACIFIC ISLANDER FEMALE	Numeric	6
353	HG	P092303	ASIAN/PACIFIC ISLANDER OTHER/UNKNOWN	Numeric	6
354	HH	P092304	ASIAN/PACIFIC ISLANDER TOTAL	Numeric	7
355	HI	P092401	OTHER MALE	Numeric	6
356	HJ	P092402	OTHER FEMALE	Numeric	6
357	HK	P092403	OTHER OTHER/UNKNOWN	Numeric	6
358	HL	P092404	OTHER TOTAL	Numeric	7
359	HM	P092501	UNKNOWN MALE	Numeric	6
360	HN	P092502	UNKNOWN FEMALE	Numeric	6
361	HO	P092503	UNKNOWN OTHER/UNKNOWN	Numeric	6
362	HP	P092504	UNKNOWN TOTAL	Numeric	7
363	HQ	P092601	TOTAL MALE	Numeric	6
364	HR	P092602	TOTAL FEMALE	Numeric	6
365	HS	P092603	TOTAL OTHER/UNKNOWN	Numeric	6
366	HT	P092604	TOTAL TOTAL	Numeric	7
Ethnicity					
367	HU	P093001	HISPANIC	Numeric	6
368	HV	P093002	NON-HISPANIC	Numeric	6

DATA FILE SPECIFICATIONS
FILE 3 (hha9703.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
369	A	FACNO	OSHPD Facility ID	Numeric	9
Admissions by Source of Referral					
370	B	P100101	Hospital	Numeric	6
371	C	P100201	Physician	Numeric	6
372	D	P100301	Family/Friend	Numeric	6
373	E	P100401	Self	Numeric	6
374	F	P100501	Long Term Care Facility (SN/IC)	Numeric	6
375	G	P100601	Clinic	Numeric	6
376	H	P100701	Social Service Agency	Numeric	6
377	I	P100801	Home Health Agency	Numeric	6
378	J	P100901	Payer (Insurer, HMO, etc)	Numeric	6
379	K	P101001	Other Hospice	Numeric	6
380	L	P101101	AIDS Service Organization	Numeric	6
381	M	P101201	Other	Numeric	6
382	N	P101301	TOTAL	Numeric	7
Patient Discharges by Reason for Discharge					
383	O	P102001	Death	Numeric	6
384	P	P102101	Patient Moved Out of Area	Numeric	6
385	Q	P102201	Patient Refused Service	Numeric	6
386	R	P102301	Transferred to Another Local Hospice	Numeric	6
387	S	P102401	Prognosis Extended	Numeric	6
388	T	P102501	Patient Desired Curative Treatment	Numeric	6
389	U	P102601	Other	Numeric	6
390	V	P102701	TOTAL	Numeric	6
Number of Discharged Patients by Length of Stay					
391	W	P103501	P0 – 30 Days	Numeric	6
392	X	P103601	31 – 60 Days	Numeric	6
393	Y	P103701	61 – 90 Days	Numeric	6
394	Z	P103801	91 – 120 Days	Numeric	6
395	AA	P103901	121 – 150 Days	Numeric	6
396	AB	P104001	151 – 180 Days	Numeric	6
397	AC	P104101	181 – 210 Days	Numeric	6
398	AD	P104201	211 – 240 Days	Numeric	6
399	AE	P104301	241 + Days	Numeric	6
400	AF	P104401	Total Patients	Numeric	7
Visits by Type of Staff During Reporting Year					
401	AG	P110101	Registered Nurse	Numeric	7
402	AH	P110201	Licensed Vocational Nurse	Numeric	7
403	AI	P110301	Home Health Aide	Numeric	7
404	AJ	P110401	Physical Therapist	Numeric	7
405	AK	P110501	Occupational Therapist	Numeric	7
406	AL	P110601	Speech Pathologist/Audiologist	Numeric	7
407	AM	P110701	Social Worker/Counselor	Numeric	7

DATA FILE SPECIFICATIONS
FILE 3 (hha9703.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
Visits by Type of Staff During Reporting Year, cont.					
408	AN	P110801	Hospice Physician/Medical Director	Numeric	7
409	AO	P110901	Spiritual and Pastoral Care	Numeric	7
410	AP	P111001	Homemaker	Numeric	7
411	AQ	P111101	Other	Numeric	7
412	AR	P111201	TOTAL VISITS	Numeric	7
Patient Days by Level of Hospice Care					
413	AS	P111301	Routine Home Care Days	Numeric	6
414	AT	P111401	Continuous Care Days	Numeric	6
415	AU	P111501	Acute Inpatient Days	Numeric	6
416	AV	P111601	Respite Inpatient Days	Numeric	6
417	AW	P111701	TOTAL Patient Days	Numeric	7
418	AX	P111801	Total Number of Continuous Care Hours	Numeric	6
Percentage of Gross Revenue by Reimbursement Source					
419	AY	P120101	Medicare – Number of Patients	Numeric	6
420	AZ	P120102	Medicare – Number of Patient Days	Numeric	6
421	BA	P120103	Medicare - % Gross Revenue	Numeric	6
422	BB	P120201	Medi-Cal – Number of Patients	Numeric	6
423	BC	P120202	Medi-Cal – Number of Patient Days	Numeric	6
424	BD	P120203	Medi-Cal - % Gross Revenue	Numeric	6
425	BE	P120301	Private Coverage Number of Patients	Numeric	6
426	BF	P120302	Private Coverage Number of Patient Days	Numeric	6
427	BG	P120303	Private Coverage % Gross Revenue	Numeric	6
428	BH	P120401	Other Government – Number of Patients	Numeric	6
429	BI	P120402	Other Government – Number of Patient Days	Numeric	6
430	BJ	P120403	Other Government - % Gross Revenue	Numeric	6
431	BK	P120501	Self-Pay – Number of Patients	Numeric	6
432	BL	P120502	Self-Pay – Number of Patient Days	Numeric	6
433	BM	P120503	Self-Pay - % Gross Revenue	Numeric	6
434	BN	P120601	Other – Number of Patients	Numeric	6
435	BO	P120602	Other – Number of Patient Days	Numeric	6
436	BP	P120603	Other - % Gross Revenue	Numeric	6
437	BQ	P120701	No Reimbursement – Number of Patients	Numeric	6
438	BR	P120702	No Reimbursement – Number of Patient Days	Numeric	6
439	BS	P120703	No Reimbursement - % Gross Revenue	Numeric	6
440	BT	P120801	TOTAL – Number of Patients	Numeric	6
441	BU	P120802	TOTAL – Number of Patient Days	Numeric	6
442	BV	P120803	TOTAL - % Gross Revenue	Numeric	6
Discharged Patients and Visits by Principal Diagnosis for Which Care Was Given					
443	BW	P130101	Total Number of Discharged Patients: Infectious and Parasitic Diseases, excluding HIV disease	Numeric	6
444	BX	P130102	Visits: Infectious and Parasitic Diseases, excluding HIV disease	Numeric	6

DATA FILE SPECIFICATIONS
FILE 3 (hha9703.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
			Discharged Patients and Visits by Principal Diagnosis for Which Care Was Given, cont.		
445	BY	P130103	Total Days of Discharged Patients: Infectious and Parasitic Diseases, excluding HIV disease	Numeric	7
446	BZ	P130201	Total Number of Discharged Patients: HIV disease	Numeric	6
447	CA	P130202	Visits: HIV disease	Numeric	6
448	CB	P130203	Total Days of Discharged Patients: HIV disease	Numeric	7
449	CC	P130301	Total Number of Discharged Patients: Malignant Neoplasms of lip, oral cavity, & pharynx	Numeric	6
450	CD	P130302	Visits: Malignant Neoplasms of lip, oral cavity, & pharynx	Numeric	6
451	CE	P130303	Total Days of Discharged Patients: Malignant Neoplasms of lip, oral cavity, & pharynx	Numeric	7
452	CF	P130401	Total Number of Discharged Patients: Malignant Neoplasms of digestive organs & peritoneum	Numeric	6
453	CG	P130402	Visits: Malignant Neoplasms of digestive organs & peritoneum	Numeric	6
454	CH	P130403	Total Days of Discharged Patients: Malignant Neoplasms of digestive organs & peritoneum	Numeric	7
455	CI	P130501	Total Number of Discharged Patients: Malignant Neoplasms of respiratory & intrathoracic organs	Numeric	6
456	CJ	P130502	Visits: Malignant Neoplasms of respiratory & intrathoracic organs	Numeric	6
457	CK	P130503	Total Days of Discharged Patients: Malignant Neoplasms of respiratory & intrathoracic organs	Numeric	7
458	CL	P130601	Total Number of Discharged Patients: Malignant Neoplasms of bone, connective tissue, skin, & breast	Numeric	6
459	CM	P130602	Visits: Malignant Neoplasms of bone, connective tissue, skin, & breast	Numeric	6
460	CN	P130603	Total Days of Discharged Patients: Malignant Neoplasms of bone, connective tissue, skin, & breast	Numeric	7
461	CO	P130701	Total Number of Discharged Patients: Malignant Neoplasms of genitourinary organs	Numeric	6
462	CP	P130702	Visits: Malignant Neoplasms of genitourinary organs	Numeric	6
463	CQ	P130703	Total Days of Discharged Patients: Malignant Neoplasms of genitourinary organs	Numeric	7
464	CR	P130801	Total Number of Discharged Patients: Malignant Neoplasms of other & Unspecified sites	Numeric	6
465	CS	P130802	Visits: Malignant Neoplasms of other & Unspecified sites	Numeric	6
466	CT	P130803	Total Days of Discharged Patients: Malignant Neoplasms of other & Unspecified sites	Numeric	7

DATA FILE SPECIFICATIONS
FILE 3 (hha9703.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
Discharged Patients and Visits by Principal Diagnosis for Which Care was Given cont					
467	CU	P130901	Total Number of Discharged Patients: Malignant Neoplasms of lymphatic & hematopoietic tissue	Numeric	6
468	CV	P130902	Visits: Malignant Neoplasms of lymphatic & hematopoietic tissue	Numeric	6
469	CW	P130903	Total Days of Discharged Patients: Malignant Neoplasms of lymphatic & hematopoietic tissue	Numeric	7
470	CX	P131001	Total Number of Discharged Patients: Benign Neoplasms	Numeric	6
471	CY	P131002	Visits: Benign Neoplasms	Numeric	6
472	CZ	P131003	Total Days of Discharged Patients: Benign Neoplasms	Numeric	7
473	DA	P131101	Total Number of Discharged Patients: Carcinoma-in-situ	Numeric	6
474	DB	P131102	Visits: Carcinoma-in-situ	Numeric	6
475	DC	P131103	Total Days of Discharged Patients:Carcinoma-in-situ	Numeric	7
476	DD	P131201	Total Number of Discharged Patients: Neoplasms of uncertain behavior	Numeric	6
477	DE	P131202	Visits: Neoplasms of uncertain behavior	Numeric	6
478	DF	P131203	Total Days of Discharged Patients: Neoplasms of uncertain behavior	Numeric	7
479	DG	P131301	Total Number of Discharged Patients: Neoplasms of unspecified nature	Numeric	6
480	DH	P131302	Visits: Neoplasms of unspecified nature	Numeric	6
481	DI	P131303	Total Days of Discharged Patients: Neoplasms of unspecified nature	Numeric	7
482	DJ	P131401	Total Number of Discharged Patients: Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders	Numeric	6
483	DK	P131402	Visits: Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders	Numeric	6
484	DL	P131403	Total Days of Discharged Patients: Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders	Numeric	7
485	DM	P131501	Total Number of Discharged Patients: Mental Disorders	Numeric	6
486	DN	P131502	Visits: Mental Disorders	Numeric	6
487	DO	P131503	Total Days of Discharged Patients: Mental Disorders	Numeric	7
488	DP	P131601	Total Number of Discharged Patients: Diseases of Nervous System and Sense Organs	Numeric	6
489	DQ	P131602	Visits: Diseases of Nervous System and Sense Organs	Numeric	6
490	DR	P131603	Total Days of Discharged Patients: Diseases of Nervous System and Sense Organs	Numeric	7
491	DS	P131701	Total Number of Discharged Patients: Diseases of Circulatory System	Numeric	6

DATA FILE SPECIFICATIONS
FILE 3 (hha9703.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
			Discharged Patients and Visits by Principal Diagnosis for Which Care was Given cont		
492	DT	P131702	Visits: Diseases of Circulatory System	Numeric	6
493	DU	P131703	Total Days of Discharged Patients: Diseases of Circulatory System	Numeric	7
494	DV	P131801	Total Number of Discharged Patients: Diseases of Respiratory System	Numeric	6
495	DW	P131802	Visits: Diseases of Respiratory System	Numeric	6
496	DX	P131803	Total Days of Discharged Patients: Diseases of Respiratory System	Numeric	7
497	DY	P131901	Total Number of Discharged Patients: Diseases of Digestive System	Numeric	6
498	DZ	P131902	Visits: Diseases of Digestive System	Numeric	6
499	EA	P131903	Total Days of Digestive System	Numeric	7
500	EB	P132001	Total Number of Discharged Patients: Diseases of Genitourinary System	Numeric	6
501	EC	P132002	Visits: Diseases of Genitourinary System	Numeric	6
502	ED	P132003	Total Days of Discharged Patients: Diseases of Genitourinary System	Numeric	7
503	EE	P132101	Total Number of Discharged Patients: Pregnancy, Childbirth, & the Puerperium	Numeric	6
504	EF	P132102	Visits: Pregnancy, Childbirth, & the Puerperium	Numeric	6
505	EG	P132103	Total Days of Discharged Patients: Pregnancy, Childbirth, & the Puerperium	Numeric	7
506	EH	P132201	Total Number of Discharged Patients: Diseases of Skin and Subcutaneous Tissue	Numeric	6
507	EI	P132202	Visits: Diseases of Skin and Subcutaneous Tissue	Numeric	6
508	EJ	P132203	Total Days of Discharged Patients: Diseases of Skin and Subcutaneous Tissue	Numeric	7
509	EK	P132301	Total Number of Discharged Patients: Diseases of Musculoskeletal and Connective Tissue	Numeric	6
510	EL	P132302	Visits: Diseases of Musculoskeletal and Connective Tissue	Numeric	6
511	EM	P132303	Total Days of Discharged Patients: Diseases of Musculoskeletal and Connective Tissue	Numeric	7
512	EN	P132401	Total Number of Discharged Patients: Congenital Anomalies	Numeric	6
513	EO	P132402	Visits: Congenital Anomalies	Numeric	6
514	EP	P132403	Total Days of Discharged Patients: Congenital Anomalies	Numeric	7
515	EQ	P132501	Total Number of Discharged Patients: Maternal Conditions Originating in the perinatal period	Numeric	6
516	ER	P132502	Visits: Maternal Conditions Originating in the perinatal period	Numeric	6
517	ES	P132503	Total Days of Discharged Patients: Maternal Conditions Originating in the perinatal period	Numeric	7

DATA FILE SPECIFICATIONS
FILE 3 (hha9703.txt)

Item No	Column	Field Title	Data Item	Data Type	Field Size
			Discharged Patients and Visits by Principal Diagnosis for Which Care was Given cont		
518	ET	P132601	Total Number of Discharged Patients: Symptoms, Signs, & Ill-defined conditions	Numeric	6
519	EU	P132602	Visits: Symptoms, Signs, & Ill-defined conditions	Numeric	6
520	EV	P132603	Total Days of Discharged Patients: Symptoms, Signs, & Ill-defined conditions	Numeric	7
521	EW	P132701	Total Number of Discharged Patients: Injury and Poisoning	Numeric	6
522	EX	P132702	Visits: Injury and Poisoning	Numeric	6
523	EY	P132703	Total Days of Discharged Patients: Injury and Poisoning	Numeric	7
524	EZ	P132801	Total Number of Discharged Patients: Factors Influencing Health Status and contact with Health Services	Numeric	6
525	FA	P132802	Visits: Factors Influencing Health Status and contact with Health Services	Numeric	6
526	FB	P132803	Total Days of Discharged Patients: Factors Influencing Health Services and contact with Health Services	Numeric	7
527	FC	P132901	Total Number of Discharged Patients: TOTAL	Numeric	6
528	FD	P132902	Visits: TOTAL	Numeric	6
529	FE	P132903	Total Days of Discharged Patients: TOTAL	Numeric	7

DATA FIELD DEFINITIONS

This section contains the definitions of the data items, listed by Item Number.

1. **Facility Number -** A nine‑digit facility identification number assigned by OSHPD for reporting purposes.

2. **County Number -** The number of the County in which the facility is located. There are 58 counties in California. Appendix C is a cross‑reference between county numbers and names. Please note that no facilities are located in the counties of Alpine (02), Mariposa (22), Modoc (25), Mono (26), Sierra (46), Trinity (53), and Tuolumne (55).

3. **Permanent ID -** A permanent four‑digit facility identification number assigned by OSHPD for internal use.

4. **LFS License Type -** A fourteen‑numeric code describing the type of license a facility has (Blank = Home Health Agency, 9=Hospice).

5. **LFS First License Date -** An eight‑character code that reveals the date of the first license for a facility.

6. **Facility Status Code** - A one‑character code revealing the status of a licensed facility (Blank = License in Operating Status, C = Closed, S = License in Suspense).

7. **LFS Status Date –** The data the facility either closed or went into suspense.

8. **Open Status Code (Out of Suspense)** - A one‑character code revealing the availability of a licensed facility (Blank = Use status from LFS Status Code, O = a previous suspended license has been reactivated).

9. **Open Status Date** – An eight‑character text code that reveals the date of a facility's opening.

10. **Type of Consolidation –** This field is for the Parent Only. A= Indicates the Parent of main site and what type of facility it is. 4 = Home Health or Hospice.

11. **Parent Consolidation –** Shows whether a facility is a parent or satellite. B= The number 9 will be here if this is data for the Parent facility. 1 through 8 indicates a satellite. 9 indicates a parent facility.

12. **Sequence of Consolidation –** Shows the sequence of consolidation.

13. **Parent/Branch Consol. Date** – The date of consolidation between branches or parent organizations.

14. **Facility Name (on 12/31) –** The name under which the facility is doing business as of December 31. This name may be an abbreviation and may differ from the facility's legal name.

15. **Facility DBA (Doing Business As) Address –** The street address of the facility doing business.

16. **Facility DBA (Doing Business As) City** –The city in which the facility is doing business.

17. **Facility DBA (Doing Business As) Zip Code –** The zip code of the facility doing business.

18. **Facility Attention (Mailing Address) –** A specific person who should receive any mail pertaining to the Home Health and Hospice Utilization Reports.

19. **Facility Address (Mailing Address) –** The mailing address of a facility, which may be different than the street address of a facility's DBA (P.O. Boxes, Corporate Office, or Consulting Firms).

20. **Facility City (Mailing Address)** – The city in which the facility mail is delivered to.

21. **State (Mailing Address)** – The state in which the facility mail is delivered to.

22. **Zip Code (Mailing Address) –** The zip code in which the facility mail is delivered to.

23. **HSA (Health Service Area) Codes: 01-14 –** A numeric code denoting the HSA in which the facility is located. The HSA's geographic area, consisting of one or more contiguous counties, is designated by the Federal Department of Health and Human Services for health planning on a regional basis. Appendix C identifies the HSA's that are located in each county.

24. **HFPA (Health Facility Planning Area) Codes: 0101-1424 –** A numeric code denoting the Health Facility Planning Area (HFPA) in which the facility is located. The HFPA is a geographic subdivision of a Health Service Area (HSA). Appendix C identifies the HFPA's that are located in each county.

25. **Computed Status Code** – A three-character numeric code that combines the LFS First Licensed Date, the LFS Status Code and Date, and the Open Status Code and Date.
    - C = Closed during current calendar year
    - NO = New (licensed this calendar year), Operating in 12/31
    - NS = New (licensed this calendar year), in Suspense on 12/31
    - NC = New (licensed this calendar year), Closed on 12/31
    - NSM = New (licensed this calendar year), in Suspense during the year, operating on 12/31
    - OA = Operating all year
    - SA = In Suspense all year
    - SB = In Suspense on January 1, Operating on December 31
    - SE = Operating on January 1, in Suspense on December 31
    - SM = Operating on 1/1 & 12/31, in Suspense for a period during the year
    - SBE = In Suspense on 1/1 & 12/31, License reactivated for a period during the year

26. **Report Status** – A two-character numeric code that reveals the status of a facility's report.
    - 01 = License in suspense all year; no report required
    - 02 = License in suspense, data reported
    - 03 = License in suspense, non-responder
    - 04 = Facility closed, data reported
    - 05 = Facility closed, non-responder
    - 06 = Facility licensed, but not in operation
    - 07 = Facility open, data reported
    - 08 = Facility open, non-responder
    - 09 = Facility open, partial year data reported (CHOW)
    - 10 = Facility open, data from 2 or more owners
    - 11 = Facility closed, data unavailable
    - 12 = New; first licensed 1997, data reported
    - 13 = New; first licensed in 1997, non-responder

27. **Agency Type** – A one-digit numeric code that reveals the type of agency (1=For Profit, 2=Nonprofit-Private, 3=Nonprofit-Government).

28. **Subagency** – A one-digit numeric code that reveals the subagency (1=Parent Agency, 2=Branch Office).

29. **Dates of Operation: From (MMDD) Year = 97 -** A four-digit numeric code (the first half of a data item) that reveals a period in a year that a facility was open. This should only be completed if the agency was newly licensed, closed, or went into suspense during the reporting year. For example, if an agency was licensed on 1/1 or after or was delicensed (closed) 12/31 or before, than it would be necessary to complete this item (Month=01 through 12, Day=01 through 31).

30. **Dates of Operation: Through (MMDD) Year = 97 -** A four-digit numeric code (the second half of a data item) that reveals a period in a year that a facility was open. This should only be completed if the agency was newly licensed, closed, or went into suspense during the reporting year. For example, if an agency was licensed on 1/1 or

after or was delicensed (closed) 12/31 or before, than it would be necessary to complete this item (Month=01 through 12, Day=01 through 31).

31. **Certified for: Medicare (1=Yes, 0=No)** - A one-digit numeric code that shows if a facility is certified for Medicare or not.

32. **Certified for: Medi-Cal (1=Yes, 0=No) -** A one-digit numeric code that shows if a facility is certified for Medi-cal or not.

33. **Agency has a Hospice Program (1=Yes, 0=No)** - A one-digit numeric code that shows if a facility has a hospice program.

34. **Hospice Program certified for: Medicare (1=Yes)** - A one-digit numeric code that shows if a facility has a hospice program certified for Medicare.

35. **Hospice Program certified for: Medi-Cal (1=Yes) -** A one-digit numeric code that shows if a facility has a hospice program certified for Medicare.

36. **Hospice: Freestanding (1=Yes)** - A one-digit numeric code that shows if a facility is a freestanding Hospice.

37. **Hospice Certified Medicare (1=Yes)** – A one-digit numeric code that shows if a Hospice program is certified for Medicare.

38. **Hospice Certified Medi-Cal (1-Yes)** - A one-digit numeric code that shows if a Hospice program is certified for Medi-Cal.

39. **Agency Accreditation: JCAHO (1=Yes)** – A one-digit numeric code that shows if an Agency has been accredited by JCAHO (Joint Commission on Accreditation of Hospital Organizations).

40. **Agency Accreditation: CHAP (1=Yes) -** A one-digit numeric code that shows if an Agency has been accredited by CHAP (Community Health Accreditation Program).

41. **Telephone Number (with Area Code) –** The main business phone number of the facility.

42-43. **Home Infusion/Pharmacy Only -** A one-digit numeric code showing whether the item listed is provided (1=Yes, 0=No).

44-52. **Special Services** - A one-digit numeric code showing whether a special service is provided (1=Service Provided, 0=Not Provided).

53. **Unduplicated patients (during reporting year)** – A seven-digit numeric code that reveals the amount of unduplicated patients seen by a home health agency during the reporting year. The term "unduplicated" implies each patient is counted only once in the reporting year. Include patients who were admitted in previous reporting period who received visits from an agency during this reporting period (rollovers).

54-57. Home Health Care-Other Home Health Visits- A six-digit numeric code that shows the number of visits for each item type.

58-64. Other Home Care Services-A one-digit numeric code that details if the facility has other home care services themselves (if these services were provided by an organization other than the licensed reporting agency do not answer Yes). Other Home Care Services are not traditional home health services. They may include Continuous Care Services, Private Duty or Shift Duty Nursing, or Homemaker Services in a patient's home and the agency is reimbursed on a SHIFT, DAY, OR HOURLY BASIS. If an agency provided Other Home Care Services

during the reporting year, enter a 1 (Yes). More specifically, these services include assistance with personal care, maintenance of a safe and healthy environment, and services to enable the individual to carry out the treatment plan (1=Yes, 0=No).

65-86. *Special Note***:** *The definition for item 65, HHA Patients by Age, applies to all the odd-numbered data items up through 85. Similarly, the definition for item 66, HHA Visits by Age, applies to all the even-numbered data items up through item 86.*

65-85 (Odd). **HHA Patients by Age-** A six-digit numeric code that reveals the total number of all patients and the individual number of patients by specific age groups, a Home Health Agency or a Hospice serviced during a reporting year.

66-86 (Even). **HHA Visits by Age**– A seven-digit numeric code that reveals the total number of all visits and the individual number of patients by specific age groups, to a Home Health Agency or a Hospice during a reporting year

87-102. **Discharges by Reason for Discharge-** A six-digit numeric code that reveals the total number of discharges (termination of services by the client or agency) and the individual number of discharges for a specific reason for a Home Health Agency or Hospice for the reporting year.

103-111. **Visits by Primary Reimbursement Service-** A seven-digit numeric code that reveals the total visits and the individual number of visits by Reimbursement Service.

112-124. **Visits by Type of Staff -** A seven digit numeric code that reveals the total visits by all types of staff and the individual amount of visits by type of staff.

125-138. **Admissions by Source of** Referral - A six-digit numeric code that reveals the total admissions by all Sources of Referrals and the individual amount by type of referral.

DATA FIELD DEFINITIONS

File 2 (hha9702.txt)

139. **Facility Number -** A nine‑digit facility identification number assigned by OSHPD for reporting purposes.

140-213. *Special Note*: The definition for item 140, Patients by Principal Diagnosis for Which Care Was Given, applies to all the even-numbered data items up through 212. Similarly, the definition for item 141, Visits by Principal Diagnosis for Which Care Was Given, applies to all the odd-numbered data items up through item 213.

140-212 (Even). **Patients by Principal Diagnosis for Which Care Was Given-** A six-digit numeric code that reveals the total patients for all diagnosis' and the individual amount for each principal diagnosis.

141-213 (Odd). **Visits by Principal Diagnosis for Which Care Was Given**- A seven-digit numeric code that reveals the total visits for all diagnoses and the individual amount for each principal diagnosis.

214-223. **Facility Ownership** – see specifications.

224-269. **Hospice Services** - A one-digit numeric code that reveals if specific Hospice Services are provided by a facility directly or if these specific Hospice Services are contracted.

270-287. **Bereavement Services** Provided - A one-digit numeric code that reveals if a specific Bereavement Service is provided by a facility or contracted.

288-293. **Volunteer Hours by Type of Service-**A six-digit numeric code that divides volunteer hours by a specific service.

294. **Total hours-** A seven-digit numeric code that reveals the total number of hours for all volunteering for all the services mentioned.

295-338. **Unduplicated Patients by Gender and Age** - A six or seven digit numeric code that reveals the number of patients by gender and age and the total number for each gender and age group.

339-366. **Unduplicated Patients by Race** - A six or seven digit numeric code that reveals the number of patients by race.

367-368 **Ethnicity** – A six-digit numeric code that shows the ethnicity of hospice patients.

Data Field definitions for File 3 continue on the next page.

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369. **Facility Number** - A nine-digit facility identification number assigned by OSHPD for reporting purposes.

370-382. **Admissions by Source of Referral** – A six-digit numeric code that reveals who referred the patients to a facility.

383-390. **Patient Discharges by Reason for Discharge** – A six-digit numeric code that shows the reason for a patient's discharge and the total number of discharges.

391-400. **Number of Discharged Patients by Length of Stay** – A six-digit numeric code that shows how long discharged patients stayed in the facility in thirty day intervals and the total number of days discharged patients stayed in the facility.

401-412. **Visits by Type of Staff During Reporting Year** – A seven-digit numeric code that shows how many times a specific staff member visited patients and the total number of visits by all staff during the reporting year.

413-418. **Patient Days by Level of Hospice Care** – A six digit numeric code that shows how many days, by level of care, a patient stayed.

419-442. **Percentage of Gross Revenue by Reimbursement Source** – A six digit numeric code that shows the number of patients, number of patient days, and percent gross revenue.

443-529. **Discharged Patients and Visits by Principal Diagnosis for Which Care Was Given** – A six digit numeric code that shows the total number of discharged patients and visits, plus a seven-digit numeric code that reveals the total days of discharged patients by the principal hospice diagnosis.

APPENDIX A

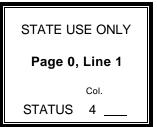1997 ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES AND HOSPICES

California Health and Human Services Agency
Office of Statewide Health Planning and Development
ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES
AND HOSPICES -- 1997

Return this report
BY MARCH 15, 1998   TO:
Office of Statewide Health Planning
 and Development
Accounting and Reporting Systems Section
818 K Street, Room 400
Sacramento, California   95814

Completion of this Annual Utilization Report of Home Health Agencies and Hospice is required by Section 74729, Division 5, Title 22, of the California Code of Regulations for Home Health Agencies and, Section 1750(c) of the California Health and Safety Code for Hospices. This report is for all Home Health and Hospice Services for which this agency is licensed. A separate annual report is required for each parent agency and branch; therefore, **DO NOT** combine data from your offices/locations.

If you have any questions or need assistance in completing this form, please contact our Office at (916) 322-7422 or (916) 323-7685.

The reporting period is the **calendar year January 1 through December 31.**

Line
 1. Is your agency: (1=For Profit; 2=Nonprofit-Private; 3=Nonprofit-Government)?..1. _____

 2. Is your agency: (1=Parent; 2=Branch)?...2. _____

   COMPLETE QUESTION #5 ONLY IF YOUR AGENCY/HOSPICE IS NEWLY LICENSED, CLOSED OR WENT INTO SUSPENSE DURING THE REPORTING YEAR

 5. **Dates of Licensure**: If the agency/hospice was licensed on or after 1/1 or was delicensed (closed) on or before 12/31, enter the dates of operation in Columns 1 and 2. (Month = 01 through 12 and Day = 01 through 31).

	Col. 1			Col. 2	
ı. FROM	Month	Day	THROUGH	Month	Day

		Col. 1		Col. 2
6. Enter the number 1 if the HHA was certified for:	6. Medicare	_____	Medi-Cal	_____
7. Enter the number 1 if the HHA has a hospice program	7.	_____		
8. Enter the number 1 if the HHA's hospice program was certified for:..	8. Medicare	_____	Medi-Cal	_____
9. Enter the number 1 if this entity is a freestanding hospice	9.	_____		
10. Enter the number 1 if the hospice was certified for:	10. Medicare	_____	Medi-Cal	_____
11. Enter the number 1 if the HHA/Hospice has the following accreditation:	11. JCAHO	_____	CHAP	_____

_____   _____
PERSON RESPONSIBLE FOR COMPLETING REPORT   TITLE

21. Telephone (_____) _____   FAX Number (_____) _____

I certify that the information contained in this report is accurate and complete to the best of my knowledge

_____   _____
Administrator's Name (please print)   Administrator's Signature

1

PART A
HOME HEALTH UTILIZATION

A. HOME INFUSION THERAPY/PHARMACY ONLY

1. Enter the number 1 (yes) if you have a Registered Nurse on staff who makes home visits .... 1._____

2. Enter the number 1 (yes) if the agency is a licensed Pharmacy .... 2. _____

B. SPECIAL SERVICES

Check the special services, below, performed under your Home Health Agency License:

LINE	COLUMN 1	
12		ENTEROSTOMAL THERAPY
13		RESPIRATORY/PULMONARY THERAPY
14		IV THERAPY (INCLUDES CHEMO & TPN)
15		AIDS SERVICES
16		OTHER, SPECIFY:

COLUMN 2	
	MENTAL HEALTH COUNSELING
	PEDIATRIC
	PSYCHIATRIC NURSING
	BLOOD TRANSFUSIONS

C. PATIENT INFORMATION

17. Enter the number of *unduplicated* patients seen by your agency during the reporting year.   17. _____

D. HOME HEALTH CARE

	OTHER HOME HEALTH VISITS	
Line	Number Of Visits	
18.		PRE-ADMISSION SCREENING/EVALUATIONS
19.		OUTPATIENT VISITS
20.		OTHER, SPECIFY:
21.		TOTAL

E. OTHER HOME HEALTH SERVICES (Home Care Service, e.g., Continuous Care)
NOTE: Do not complete lines 22-29 if these services were provided by an organization other than your licensed agency.

Line
22. Enter a 1 (yes) if your agency performed other Home Care Services ....22._____

23. How many total hours of other Home Care did your agency provide?..23._____

Please check below, those other Home Care Services, Staff, and Functions provided:

25. ____ Non-intermittent Nursing (RN/LVN)   28. ____ Home Health Aide

26. ____ Certified Nurse Assistant (CNA)   29. ____ Other, specify: _____
27. ____ Homemaker Services

2

HOME HEALTH AGENCY PATIENTS & VISITS

TABLE 1 -- PATIENTS AND VISITS BY AGE

Age	Line No.	Column 1 Patients	Column 2 Visits
TOTAL	1		
0-10 Years	2		
11-20 Years	3		
21-30 Years	4		
31-40 Years	5		
41-50 Years	6		
51-60 Years	7		
61-70 Years	8		
71-80 Years	9		
81-90 Years	10		
91 Years and Older	11		

TABLE 2 -- DISCHARGES

Reason for Discharge	Line No.	Patient Discharges Col 1
TOTAL	21	
No Further Home Health Care Needed	22	
Admitted to Hospital	23	
Admitted to SN/IC Facility	24	
Family/Friends Assumed Responsibility	25	
Patient Moved out of Area	26	
Patient Refused Service	27	
Transferred to Another HHA	28	
Transferred to Outpatient Rehabilitation	29	
Physician Request	30	
Death	31	
Lack of Funds	32	
Lack of Progress	33	
Transferred to Hospice	34	
Transferred to Home Care (Personal Care)	35	
Other, Specify:	36	

NOTE: **Only include** patients whose services were terminated by the client or agency.

TABLE 3 -- VISITS BY PRIMARY REIMBURSEMENT SOURCE

Reimbursement Source	Line No.	Visits Col 1
TOTAL	39	
Medicare	40	
Medi-Cal	41	
CHAMPUS	42	
Other Third Party *(ins., etc.)*	43	
Private (Self Pay)	44	
HMO/PPO	45	
No Reimbursement	46	
Other (Incl., MSSP)	47	

TABLE 4 -- VISITS BY TYPE OF STAFF

TYPE OF STAFF	Line No.	Visits Col 1
TOTAL	51	
Registered Nurse	52	
Public Health Nurse	53	
Home Health Aide	54	
Physical Therapist	55	
Licensed Vocational Nurse	56	
Social Worker	57	
Occupational Therapist	58	
Speech Pathologist/Audiologist	59	
Nutritionist (diet counseling)	60	
Physician	61	
Spiritual and Pastoral Care	62	
Other, Specify:_____	63	

TABLE 5 -- ADMISSIONS BY SOURCE OF REFERRAL

Source of Referral	Line No.	Patient Admissions Col 1
TOTAL	71	
Hospital (Discharge Planner, etc)	72	
Physician	73	
Family/Friend	74	
Self	75	
Long Term Care Facility (SN/IC)	76	
Local Health Department	77	
Clinic	78	
Social Service Agency	79	
Another Home Health Agency	80	
Payor (insurer, HMO, etc)	81	
Hospice	82	
MSSP	83	
Other, Specify: _____	84	

INSTRUCTIONS: **Visits** must be the **same** number as reported on **Table 1**

3

HEALTH CARE UTILIZATION

TABLE 6 -- PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN			
PRINCIPAL DIAGNOSIS (See Pages 5 & 6 for ICD-9-CM codes)	Line No	Col. 1 **PATIENTS**	Col. 2 **VISITS**
TOTAL	**1**		
Infectious and parasitic diseases (Exclude AIDS)	**2**		
HIV infections (includes AIDS, ARC, HIV)	**3**		
Malignant neoplasms: Lung	**4**		
Malignant neoplasms: Breast	**5**		
Malignant neoplasms: Intestines	**6**		
Malignant neoplasms: All other sites	**7**		
Non-malignant neoplasms: All sites	**8**		
Diabetes mellitus	**9**		
Endocrine, metabolic, and nutritional diseases; Immunity disorders	**10**		
Diseases of blood and blood forming organs	**11**		
Mental disorder	**12**		
Alzheimer's disease	**13**		
Diseases of nervous system and sense organs	**14**		
Diseases of cardiovascular system	**15**		
Diseases of cerebrovascular system	**16**		
Diseases of all other circulatory system	**17**		
Diseases of respiratory system	**18**		
Diseases of digestive system	**19**		
Diseases of genitourinary system	**20**		
Diseases of breast	**21**		
Complications of pregnancy, childbirth, and the puerperium	**22**		
Diseases of skin and subcutaneous tissue	**23**		
Diseases of musculoskeletal system and connective tissue	**24**		
Congenital anomalies and perinatal conditions	**25**		
Symptoms, signs, and ill-defined conditions (Exclude HIV positive test)	**26**		
Fractures (Exclude birth fx, pathological fx, malunion fx, nonunion fx)	**27**		
All other injuries	**28**		
Poisonings and adverse effects of external causes	**29**		
Complications of surgical and medical care	**30**		
Health services related to reproduction and development	**31**		
Infants born outside hospital	**32**		
Health hazards related to communicable diseases	**33**		
Other health services for specific procedures and aftercare	**34**		
Visits for Evaluation & Assessment	**35**		

Total patients in Table 6 above, CANNOT BE LESS THAN total patients in Table 1 on Page 3. Total patients in Table 6 CAN EXCEED total patients in Table 1 ONLY by the number of patients whose primary condition changed and who were readmitted with a different primary condition.

Total   visits must be equal to total visits in Table 1 on Page 3, line 1.

How many of the patients you reported in Table 1 on Page 3 had a primary or secondary diagnosis of HIV (AIDS/ARC) or Alzheimer's Disease and how many health care visits were made to them. The primary condition for which an HIV or Alzheimer's patient was visited may have been a fracture, a skin infection, cancer, or any number of primary conditions; what we are asking relates to the number of HIV or Alzheimer's patients among your total patient load, regardless of the nature of the treatment received or the primary condition of the patient.

HIV (AIDS/ARC or HTLV/III-LAV)		
Line No.	Col. 1 **PATIENTS**	Col. 2 **VISITS**
36		

ALZHEIMER'S DISEASE		
Line No.	Col. 1 **PATIENTS**	Col. 2 **VISITS**
37		

PRINCIPAL DIAGNOSIS

HOME HEALTH   Principal diagnosis is the diagnosis most related to the current plan of treatment. The principal diagnosis may or may not be related to the client's most recent hospital stay, but must relate to the services rendered by the home health agency. If more than one diagnosis is treated concurrently, the diagnosis that represents the most acute condition and requires the most intensive services is considered the principal diagnosis.

LINE ITEM	ICD-9-CM CODES	DESCRIPTION
2	001.0-041.9 045.00-139.8	Infectious and parasitic diseases
3	042	HIV (Human Immunodeficiency Virus) infections [Excludes positive finding of HIV V08 or inconclusive finding of HIV 795.71])
4	162.0-162.9 197.0, 231.2	Malignant neoplasms of lung
5	174.0-174.9 175.0-175.9 198.2, 198.81 233.0	Malignant neoplasms of breast
6	152.0-154.0 159.0, 197.4 197.5, 197.8 198.89, 230.3 230.4, 230.7	Malignant neoplasms of small and large intestines
7	140.0-208.91 230.0-234.9	Malignant neoplasms of all sites other than lung, breast or intestines (primary, secondary, CA-in-situ). [Excludes malignant neoplasms as shown in lines #4-6]
8	210.0-229.9 235.0-238.9 239.0-239.9	Non-malignant neoplasms of all sites (benign, uncertain behavior, and unspecified nature).
9	250.00-250.93	Diabetes and its related manifestations
10	240.0-246.9 251.0-279.9	Endocrine, metabolic, and nutritional diseases and Immunity disorders. [Excludes diabetes as shown in line #9]
11	280.0-289.9	Diseases of blood and blood-forming organs
12	290.0-319	Mental disorders, effective 10/1/96
13	331.0	Alzheimer's disease, effective 10/1/96
14	320.0-389.9	Disease of nervous system and sense organs [Excludes Alzheimer's disease as shown in line #13]
15	391.0-392.0 393-402.91 404.00-429.9	Diseases of cardiovascular system
16	430-438.9	Diseases of cerebrovascular system, effective 10/1/97
17	390, 392.9 403.00-403.91 440.0-459.9	Diseases of all other circulatory systems [Excludes heart or brain involvement as shown in lines #15-16]
18	460-519.9	Diseases of respiratory system [Excludes lung neoplasms as shown in lines #4 and #8]
19	520.0-579.9	Diseases of digestive system [Excludes intestinal neoplasms as shown in lines #6 and #8]
20	580.0-608.9 614.0-629.9	Diseases of genitourinary system [Excludes diseases of breast for male of female as shown in line #21]

LINE ITEM	ICD-9-CM CODES	DESCRIPTION
21	610.0-611.9	Diseases of breast (male or female). [Excludes breast neoplasms as shown in lines #5 and #8]
22	630-677	Complications of pregnancy, childbirth, and the puerperium
23	680.0-709.9	Diseases of skin and subcutaneous tissue
24	710.00-739.9	Diseases of musculoskeletal systems and connective tissues
25	740.0-779.9	Congenital anomalies and certain conditions originating in perinatal period
26	780.01-795.6 795.79 & 796.0-799.9	Symptoms, sign, and ill defined conditions [Excludes inconclusive finding of HIV 795.71]
27	800.00-829.1	Fractures [Excludes birth fracture, pathological fracture, nonunion or malunion fracture]
28	830.0-959.9	All other injuries (dislocations, sprains, internal injury, open wound, superficial injury, contusion, crushing injury, foreign body, injuries to blood vessels, nerves and spinal cord, and burns)
29	960.0-995.89	Poisonings and adverse effects of external causes
30	996.00-999.9	Complications of surgical and medical care
31	V20.0-V26.9 V28.0-V29.9	Health services related to reproduction and development [Excludes outcome of deliveries - V27.0-V27.9]
32	V30.1-V30.2 V31.1-V31.2 V32.1-V32.2 V33.1-V33.2 V34.1-V34.2 V35.1-V35.2 V36.1-V36.2 V37.1-V37.2 V39.1-V39.2	Infants born outside hospital
33	V01.0-V19.8 V40.0-V49.9	Health hazards related to communicable diseases; Personal and family history; Other factors influencing health status [Excludes positive finding of HIV V08]
34	V50.0-V58.9	Other health services for specific procedures and aftercare
35	V60.0-V82.9	Visits for evaluation and assessment

6

PART B
HOSPICE UTILIZATION

A hospice is a centrally administered program of palliative and supportive services which provides physical, psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient. Care is available by a coordinated interdisciplinary team seven days a week, 24 hours a day. Emotional care to the patient's family extends through the bereavement period.

Complete this part of the report if the agency is a freestanding Hospice _or_ a Home Health Agency providing hospice services.

I.   FACILITY OWNERSHIP

1. Enter the number 1 (yes) if the hospice is under common ownership or control with inpatient facility(ies), including a hospital, Skilled Nursing Facility (SNF), or Congregate Living Health Facility (CLHF)..1. _____

2. If line 1 is yes, how many related facilities are under common ownership or control with inpatient facility(ies), including a hospital, SNF, or CLHF?...2. _____

    How are they licensed?

	Col 1	Col 2.

3. Enter the number 1 in column 1 if the related inpatient facility(ies) is licensed as a hospital and indicate the number of hospice beds in column 2...3. _____   _____

4. Enter the number 1 in column 1 if the related inpatient facility(ies) is licensed as a SNF and indicate the number of hospice beds in column 2...4. _____   _____

5. Enter the number 1 in column 1 if related inpatient facility(ies) is licensed as a CLHF and indicate the number of hospice beds in column 2...5. _____   _____

6. Enter the number 1 in column 1 if the hospice is under common ownership or control with a Residential Care Facility for the Elderly (RCFE) and indicate the number of hospice beds in column 2 ....6. _____   _____

II.   SERVICES

Check all of the services directly provided by <u>OR</u> contracted for by the hospice:

Table 13 – Hospice Services		Directly Provided Column 1	Contracted Column 2
LineNo.	Hospice Services		
07	Enterostomal Therapy		
08	Respiratory/Pulmonary Therapy		
09	Nutritional Counseling		
10	IV Therapy		
11	Palliative Chemo Therapy		
12	Palliative Radiation Therapy		
13	24 Hour On Call & Visit Coverage		
14	Pediatric Care		
15	HIV Care		
16	In Home Respite		
17	Home Medical Equipment/Supplies		
18	Laboratory Services		
19	Transportation/Ambulance		
20	Pharmacy		
21	Inpatient Services		
22	Nursing		
23	Social Work/Counseling		
24	Spiritual/Pastoral		
25	Home Health Aide/Homemaker		
26	Volunteer Services		
27	Hospice Physician/Medical Director		
28	Bereavement Services		
29	Other, Specify _____		

HOSPICE UTILIZATION

II. **SERVICES** (Continued)

Check all of the services directly provided by <u>OR</u> contracted for by the hospice:

Table 14 - Type of Bereavement Services Provided		Directly Provided Column 1	Contracted Column 2
Line No.			
01	Bereavement Assessments		
02	Home Counseling by Professionals		
03	Home Counseling by Volunteers		
04	Referrals for Psychological Services When Appropriate		
05	Follow-ups (telephone/mail)		
06	General Bereavement Groups		
07	Memorial Services		
08	Specialized Bereavement Groups Specify: _____		
09	Social Activities Specify: _____		

Table 15 - Volunteer Hours by Type of Service		Volunteer Hours Column 1
Line No.	**Type of Service**	
15	Non-Professional Patient/Family Support	
16	Professional Clinical Patient/Family Support	
17	Bereavement Support	
18	Patient Care Program Administrative Support	
19	Non-patient Care Administrative Support	
20	Other, Specify: _____	
21	**TOTAL HOURS**	

II. **SERVICES** (Continued)

HOSPICE UTILIZATION

PATIENT INFORMATION

TABLE 16 - _UNDUPLICATED_ PATIENTS BY GENDER AND AGE

Line No.	AGE	MALE Column 1	FEMALE Column 2	OTHER/UNKNOWN * Column 3	TOTAL Column 4
01	0-10 Yrs				
02	11-20 Yrs				
03	21-30 Yrs				
04	31-40 Yrs				
05	41-50 Yrs				
06	51-60 Yrs				
07	61-70 Yrs				
08	71-80 Yrs				
09	81-90 Yrs				
10	91 + Yrs				
11	**TOTAL**				

TABLE 17 - _UNDUPLICATED_ PATIENTS BY RACE

Line No.	RACE	MALE Column 1	FEMALE Column 2	OTHER/UNKNOWN* Column 3	TOTAL Column 4
20	WHITE				
21	BLACK				
22	NATIVE AMERICAN				
23	ASIAN/PACIFIC ISLANDER				
24	OTHER*				
25	UNKNOWN*				
26	**TOTAL**				

Table 18 ETHNICITY

	Hispanic Column 1	Non-Hispanic Column 2
Line 30		

*If other/unknown greater than 3% of total, must explain.

HOSPICE UTILIZATION

PATIENT ADMISSIONS BY SOURCE AND DISCHARGES BY DISPOSITION

Table 19 - ADMISSIONS BY SOURCE OF REFERRAL		
Line No.	Source of Referral	Patient Admissions Column 1
01	Hospital (Discharge Planner, etc.)	
02	Physician	
03	Family/Friend	
04	Self	
05	Long-term Care Facility (SN/IC)	
06	Clinic	
07	Social Service Agency	
08	Home Health Agency	
09	Payer (Insurer, HMO, etc.)	
10	Other Hospice	
11	AIDS Service Organization	
12	Other, Specify: _____	
13	**TOTAL**	

TABLE 20 - PATIENT DISCHARGES BY REASON		
Line No.	Reason for Discharge	Patient Discharges Column 1
20	Death	
21	Patient Moved Out of Area	
22	Patient Refused Service	
23	Transferred to Another Local Hospice	
24	Prognosis Extended	
25	Patient Desired Curative Treatment	
26	Other, Specify: _____	
27	**TOTAL**	

PATIENTS DISCHARGED BY LENGTH OF STAY

Table 21 – NUMBER OF DISCHARGED PATIENTS BY LENGTH OF STAY		
LineNo	DAYS	Number of Discharged Patients Column 1
35	0 - 30 Days	
36	31 - 60 Days	
37	61 - 90 Days	
38	91 - 120 Days	
39	121 - 150 Days	
40	151 - 180 Days	
41	181 - 210 Days	
42	211 - 240 Days	
43	241 + Days	
44	Total Patients	

10

HOSPICE UTILIZATION

VISITS BY TYPE OF STAFF DURING REPORTING YEAR

TABLE 22- Visits By Type of Staff During Reporting Year		
Line No.	**Type of Staff**	Column 1
		TOTAL NUMBER OF VISITS
01	Registered Nurse	
02	Licensed Vocational Nurse	
03	Home Health Aide	
04	Physical Therapist	
05	Occupational Therapist	
06	Speech Pathologist/Audiologist	
07	Social Worker/Counselor	
08	Hospice Physician/Medical Director	
09	Spiritual and Pastoral Care	
10	Homemaker	
11	Other, Specify _____	
12	**TOTAL**	

PATIENT DAYS BY LEVEL OF CARE DURING REPORTING YEAR

TABLE 23 – Patient Days by Level of Hospice Care		**Patient Days**
	Level of Hospice Care	Column 1
16	Routine Home Care	
17	Continuous Care	
18	Acute Inpatient	
19	Respite Inpatient	
20	**TOTAL *Patient* Days**	

21. Total number of continuous care hours..21. _____

HOSPICE UTILIZATION

PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE

Line No.	Reimbursement Source	NUMBER OF PATIENTS Column 1	NUMBER OF PATIENT DAYS Column 2	% GROSS REVENUE Column 3
	Table 24 – PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE			
01	Medicare			
02	Medi-Cal			
03	Private Coverage			
04	Other Government			
05	Self-Pay			
06	Other Specify _____			
07	No Reimbursement			
08	**TOTAL**			*

*MUST ADD TO 100%

HOSPICE UTILIZATION

HOSPICE   *The principal diagnosis is the disease/problem to be the chief cause of the admission of the patient to the hospice program.*

			Column 1	Column 2	Column 3
TABLE 25 -- DISCHARGED PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN					
Line No.	**PRINCIPAL HOSPICE DIAGNOSIS FOR DISCHARGED PATIENTS**		Total Number of Discharged Patients	Visits	Discharged Patients Total Days of Care
	ICD-9-CM Code				
1	001-041, 045-139	Infectious and Parasitic Diseases, excluding HIV disease			
2	042	HIV Disease			
3	140-149	Malignant Neoplasm of lip, oral cavity, & pharynx			
4	150-159	Malignant Neoplasm of digestive organs & peritoneum			
5	160-165	Malignant Neoplasm of respiratory & intrathoracic organs			
6	170-175	Malignant Neoplasm of bone, connective tissue, skin, & breast			
7	179-189	Malignant Neoplasm of genitourinary organs			
8	190-199	Malignant Neoplasm of other & unspecified sites			
9	200-208	Malignant Neoplasm of lymphatic & hematopoietic tissue			
10	210-229	Benign Neoplasms			
11	230-234	Carcinoma-in-situ			
12	235-238	Neoplasms of uncertain behavior			
13	239	Neoplasms of unspecified nature			
14	240-289	Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders			
15	290-319	Mental Disorders			
16	320-389	Diseases of Nervous System and Sense Organs			
17	390-459	Diseases of Circulatory System			
18	460-519	Diseases of Respiratory System			
19	520-579	Diseases of Digestive System			
20	580-629	Diseases of Genitourinary System			
21	630-677	Pregnancy, Childbirth, & the Puerperium			
22	680-709	Diseases of Skin and Subcutaneous Tissue			
23	710-739	Diseases of the Musculoskeletal System and Connective Tissue			
24	740-759	Congenital Anomalies			
25	760-779	Certain Conditions Originating in the perinatal period			
26	780-799	Symptoms, Signs, & Ill-defined conditions			
27	800-999	Injury, Poisoning, and Complications			
28	V01-V82	Factors Influencing Health Status and contact with Health Services			
29	**TOTAL**				